Donor Application

Complete this form and a Contribution Agreement to open a donor-advised fund under the Harris Charitable Fund Program, administered and sponsored by National Philanthropic Trust (NPT). Then make your first contribution of $25,000 or more. Additional forms are available at www.HarrisCharitableFund.com. You may also contact NPT toll free at (888) 344-3454.

1. Donor-Advised Fund Information

Choose a name for your donor-advised fund. You may name it for yourself, for your family ("The Smith Family Charitable Fund"), in memory of someone, or for a particular charitable purpose ("Save the Rain Forests Fund").

____ ____
Fund Name Primary Advisor

2. Primary Advisor

Identify the Primary Advisor for the donor-advised fund; this typically is also the Primary Donor to the donor-advised fund.

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

____ ____________________
First Name, MI, Last Name Date of Birth

____ ____________________ ______________
Street Address City State/Zip

____________________________ ____________________
Email Primary Telephone #

3. Joint Advisor

You may name an individual (such as a spouse, family member, friend or other) as Joint Advisor to your donor-advised fund who has the authority to recommend grants and investment allocations, view donor-advised fund information and name successors. The Joint Advisor will assume the role of Primary Advisor to the donor-advised fund in the event of the death of the Primary Advisor.

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

____ ____________________
First Name, MI, Last Name Date of Birth

____ ____________________ ______________
Street Address City State/Zip

____________________________ ____________________
Email Primary Telephone #

4. Secondary Advisor(s)

You may name Secondary Advisors to your donor-advised fund who will have the authority to recommend grants. Secondary Advisors will not succeed the Primary and Joint Advisors unless they are also named as Successor Advisors in Section 6A. To indicate additional Secondary Advisors you may attach a separate sheet.

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

First Name, MI, Last Name ______________________ Date of Birth ______________________

Street Address ______________________ City ______________________ State/Zip ______________________

Email ______________________ Primary Telephone # ______________________

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

First Name, MI, Last Name ______________________ Date of Birth ______________________

Street Address ______________________ City ______________________ State/Zip ______________________

Email ______________________ Primary Telephone # ______________________

5. Financial Advisor

You may name a Financial Advisor to your donor-advised fund if you wish to do so. Unless you stipulate otherwise, a Financial Advisor shall be given "read only" access rights to view your donor-advised fund. To grant greater authority to a Financial Advisor (i.e., the authority to recommend investment allocations and recommend grants on the Primary Advisor's behalf) please grant such authority by checking all of the appropriate boxes below that apply:

Financial Advisor Name ______________________ Financial Institution ______________________

❑ **Recommend Grants** ❑ **Recommend Investment Allocations**

Street Address ______________________ City ______________________ State/Zip ______________________

Email ______________________ Primary Telephone # ______________________

6. Succession Plan

You may name individuals as Successor Advisors to succeed you in advising on the donor-advised fund after the death of the Primary and Joint Advisors OR you may elect to name specific charities as the Charitable Beneficiaries of the donor-advised funds. These recommendations may be changed at any time. To indicate additional Successor Advisors or Charitable Beneficiaries, you may attach a separate sheet.

In the event that the Charitable Beneficiary no longer exists, NPT will award grants to a charity whose mission is similar to the original charity.

A. Successor Advisors – Individual(s)

❑ **Option 1**: Retain assets in donor-advised fund; Successors will share donor-advised fund role; OR
❑ **Option 2**: Create new separate donor-advised funds and divide assets equally among Successor Advisors.

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

First Name, MI, Last Name   Date of Birth

Street Address   City   State/Zip

Email   Primary Telephone #

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

First Name, MI, Last Name   Date of Birth

Street Address   City   State/Zip

Email   Primary Telephone #

B. Charitable Beneficiaries - Charity(ies)

❑ **Option 1**: Distribute all of the remaining assets in the donor-advised fund to the following charity(ies); **OR**
❑ **Option 2**: Designate a specific percentage to be annually distributed to the charity(ies).

Charity Name   Annual % (Option 2 only)

Street Address   City   State/Zip

Contact Name   Employer ID # (if known)   Primary Telephone #

Charity Name   Annual % (Option 2 only)

Street Address   City   State/Zip

Contact Name   Employer ID # (if known)   Primary Telephone #

7. Investment Pool Allocation

You can recommend that your contribution be allocated to one of the following pools (investment pool information can be found in the Harris Charitable Fund Program Guidelines). Failure to recommend a pool will result in the contribution being invested in the highly conservative pool.

❑ **Capital Growth** ❑ **Income**

❑ **Moderate** ❑ **Highly Conservative**

8. Acknowledgement of Terms (This section must be signed by the Primary and Joint Advisor, if one is listed.)

I understand that my gifts of property are irrevocable and unconditional contributions when received and accepted by National Philanthropic Trust (NPT), and that NPT retains exclusive legal control over contributed assets. I acknowledge that I have read the Harris Charitable Fund Program Guidelines and agree to the terms and/or conditions contained therein. I certify that, to the best of my knowledge, all information in connection with this application is accurate and I will notify NPT in writing of any changes.

____ ____________________

Primary Advisor Signature Date (month/day/year)

____ ____________________

Joint Advisor Signature Date (month/day/year)

9. Return this completed form and other required documentation by mail or fax to:

Harris Charitable Fund Program c/o National Philanthropic Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046
Fax: (215) 277-3029

10. How did you hear about us?

- ❑ Harris Website
- ❑ Search Engine
- ❑ Mailing from BMO Harris Bank N.A. or any of its affiliates
- ❑ Attorney/Accountant (name optional)
- ❑ Financial Advisor (name optional)
- ❑ Family/Friend/Colleague (name optional)
- ❑ Advertisement (publication)
- ❑ Article (publication)
- ❑ Website Link (URL)
- ❑ Other (please specify) ____